

REGULATED MEDICAL WASTE CONTROL FORM

Medical Waste Control No. _____

MINIMIZE WASTES! ASSURE THAT MATERIALS TURNED IN AS REGULATED MEDICAL WASTE MEET THE DEFINITIONS LISTED IN DEPARTMENT INSTRUCTIONS.

1. GENERATOR'S INFORMATION

Name: _____ BNL Life #: _____

Ext: _____ Date: _____

Circle the area or group where waste originated:

CRC Nuc. Medicine RTF PETBNCT OMC

Other (Specify):

2. CONTAINER INFORMATION

The container must be labeled as a BIOHAZARD. If you answer "yes" to #3, label it with a yellow radioactive waste label. If your answer was "no" use the orange hazardous waste tag.

Enter number of each container type:

ICC ____ Sharps ____ Other (Specify):

3. RADIOACTIVITY

Did or does this waste contain any radioactive material, including short-lived isotopes? (i.e., Tc-99m, ¹⁸F, ¹¹C, ¹⁵O).

(circle one) YES NO

If yes, specify isotope and amount as of a given date, and enter total volume and total weight. A Radioactive Waste Inventory Sheet must be attached except if the short-lived isotopes above were used.

<u>Isotope</u>	<u>Amount μCi</u>	<u>As of Date</u>
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1. _____		
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2. _____		
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Total Cubic Ft: _____ Total Weight: _____

Generator's Signature: _____ Date: _____

----- DO NOT WRITE BELOW THIS LINE -----

Medical waste containers were surveyed prior to pickup by the contractor. No detectable radioactive material was found.

S&EP Representative

Date Surveyed